



WINTERS INDEPENDENT SCHOOL DISTRICT

603 N. HEIGHTS ST. WINTERS, TEXAS 79567
DAVID HUTTON, SUPERINTENDENT
(325) 754-5574 (325)754-5374 FAX

An Equal Opportunity Employer

ADDENDUM FOR SCHOOL BUS DRIVER APPLICATION

Each person who applies to be a bus driver must provide the following information at the time of application. Note: Bus drivers must pass a physical examination and drug test.

Personal Data

Name _____ Phone Number _____

Hours available for work _____ Driver's license number _____

do you have a Texas School Bus Driver Training Certificate..... YES NO

Have you ever had a driver's license suspended, revoked, or cancelled?..... YES NO

If you answered yes, explain _____

Are there any criminal charges or proceedings pending against you?..... YES NO

If you answered yes, explain _____

Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for any traffic violation..... YES NO

If yes, state where, when, and the nature of the offense _____

In the past two years, have you failed an employer's alcohol or drug test? YES NO

If you answered yes, explain _____

ADDENDUM FOR SCHOOL BUS DRIVER APPLICATION

Driving Experience

Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.

Employer address and phone	Kind of work	Dates Employed	Reason for leaving

Verification

I hereby affirm that all the information provided in this application is true and accurate to the best of my knowledge and I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that the district is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application and required by Texas Education Code § 22.084 and Transportation Code § 521.022 (f) to conduct criminal history record check

Furthermore, I authorize the information I've provided to be used; previous employers to be contacted for investigative purposes; and release all parties from any liability for damage that may result from furnishing information to you.

Signature

Date

WINTERS INDEPENDENT SCHOOL DISTRICT

Confidential*

The Winters Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last First Middle

Social Security Number _____ Date of birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: Male Female

Ethnicity: Black White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

Signature

Date

* This form will be removed from the application and filed separately in the HR office.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)
History (CCH) verification check will be performed by accessing the Texas Department of Public Safety
Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits.)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Hire _____ Not Hired _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	